

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90573 001 \*1,350.00

DOCUMENT # P940000063765  
1. Entity Name  
LYKES SERVICES CO.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
400 N TAMPA ST  
Suite, Apt. #, etc.  
SUITE 2200  
City & State  
TAMPA, FL  
Zip  
33602  
Country  
US

3. Mailing Address  
P.O. BOX 1690  
Suite, Apt. #, etc.  
City & State  
TAMPA, FL  
Zip  
33601  
Country  
US

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3266108  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
WATERS, ELIZABETH A  
Street Address (P.O. Box Number is Not Acceptable)  
400 N TAMPA ST  
SUITE 2200  
City  
TAMPA FL Zip Code  
33602

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
C/P/D  
FERGUSON, HOWELL L  
STREET ADDRESS  
400 N TAMPA ST  
CITY-ST-ZIP  
TAMPA, FL 33602

TITLE  
NAME  
V/T/CFO  
CASPER, SUSAN G  
STREET ADDRESS  
400 N TAMPA ST  
CITY-ST-ZIP  
TAMPA, FL 33602

TITLE  
NAME  
V/S  
WATERS, ELIZABETH  
STREET ADDRESS  
400 N TAMPA ST  
CITY-ST-ZIP  
TAMPA, FL 33602

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02  
Elizabeth A. Waters (813) 470-5034

CR2E034B (12/01)